"They’re people, after all." This comment by a care provider about her clients, within the Health-Lab project, might seem self-evident. We may feel that we are empathic when we research and design for and with the user, but how empathic are the tools we use? How do we create empathy within teams – other researchers and developers – that enter the process later on? How do we create continuity?

The empathy tools and techniques
Useful tools developed to gain insight in users’ real life that are appropriate for them.

Tool ‘Real-life care stories’
10 portraits about what happens in practice; to help other designers, policy makers and healthcare professionals understanding what happens in user’s real life.

Portrait Desiree
“You going away already?”

Desiree is usually in her room. She is from Suriname and speaks only a few Dutch phrases. Her daughters blame themselves; they always spoke Surinamese with her. This language barrier means she has little contact with her fellow residents, but she is also hard of hearing. She enjoys frequent contact, however, with her own family; they visit almost every day. Her daughters come on weekdays, and the grandchildren and great-grandchildren usually come at weekends. They bring her food. On the days her family cannot come, care staff heat something up for her to eat. Her daughters have decorated the room attractively. The windows are too high; she cannot see outside from her wheelchair.

Desiree has a picture-button phone. She cannot read or write, but she has learned to sign her name. She grew up in the interior of Suriname where there were no schools for her to go to. Still, her daughters emphasize, she is very sharp.

Desiree is very creative. Before her stroke she often took part in daytime activities, making beautiful sculptures. She was very proud when her work was shown in a magazine.

Desiree is a fighter, too. She has made good progress since her stroke; her daughters encourage her to practice her walking, which she does, every day, in the corridor. She proudly shows everyone how she can now walk a short distance unaided.

Communication with Desiree goes mainly through her daughters. The daughters are open to taking part into research into new technologies; after all, they say, it’s their future too.

Tool ‘Booklet house’
The booklets were a result of intense interview sessions in which elderly were asked to react on new technologies.

Tool ‘Interactive mock-up’
A mock up had been built which was an exact copy on the user’s house to explain how sensors would work and influence their life.

Tool ‘Design for happiness’
Our degree of happiness is a reflection of our emotional state; which is mainly a result of our concerns which are not being met. Schot (2009) developed an framework of human concerns which can be used to understand which needs need to be fulfilled. (www.designforhappiness.nl)

Tool ‘User Value Canvas’
The User Value Canvas consists of a number of building blocks, describing the input that has to be provided in order to establish the value proposition for the user.

The case studies
Health-Lab
Health-Lab is a programme that has set up several ‘Living Labs’ locations where users are approached for research goals and to test applications in their daily life and help designers and developers to develop and improve their products.

Touch
Within the Pilot (Being in) Touch a demo will be build, which could support elderly in being in touch, taking into account their physical and cognitive capabilities to allow elderly people to stay socially connected.

Express to connect
The objective for the Express to Connect (E2C) consortium is to transform a proven concept into a product, where personal storytelling shall serve as an enabler for social interaction among elderly people and the caring community.